

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PMA Group Political Action Committee

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 216

City  
UnionvilleState  
PAZip Code  
19375Purpose of Disbursement  
contributionCandidate Name  
FRIENDS OF JOE PITTSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: SB23.8146

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF LOIS CAPPs**

Mailing Address PO Box 23940

City  
Santa BarbaraState  
CAZip Code  
93121Purpose of Disbursement  
contributionCandidate Name  
FRIENDS OF LOIS CAPPsCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.8095

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ZACH WAMP**Mailing Address 651 E. Fourth St. Suite 200  
651 E. Fourth St. Suite 200City  
ChattanoogaState  
TNZip Code  
37403Purpose of Disbursement  
contributionCandidate Name  
FRIENDS OF ZACH WAMPCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 03

Transaction ID: SB23.8124

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	6

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....